



AMENDMENT TRANSMITTAL LETTER				CLIENT-MATTER NO.:
				66654-642 (P-LA 4798)
SERIAL NO:	FILING DATE:	EXAMINER:	GROUP ART UNIT: 1654	
09/892,071	June 26, 2001	B. Chism	CONFIRMATION NO.: 4768	
INVENTION: CONFORMATIONALLY STABILIZED CELL ADHESION PEPTIDES				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 732 732

DATE OF DEPOSIT: September 11, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO" ADDRESSEE SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450.

Rebecca Clifford
Printed Name of Person Mailing Paper or Fee


Signature of Person Mailing Paper or Fee

Transmitted herewith is a Response to the Office Action mailed March 11, 2003, with Exhibits A and B, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	17	-	20	-	0	x \$9	\$18
INDEPENDENT CLAIMS	9	-	9	-	0	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	X NO	\$140	\$280	= \$	\$0.00
				TOTAL ADDITIONAL FEE		\$	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

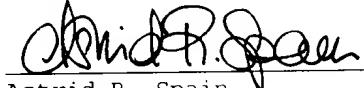
Please charge my Deposit Account No. 502624 the amount of \$930.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.

Inventors: Pierschbacher and Ruoslahti
Serial No.: 09/892,071
Filed: June 26, 2001
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X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Astrid R. Spain
Registration No. 47,956
McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001